

In order to have a successful study visit, we would like to learn more about you or your child's interests and dislikes. The information you provide in this form should be about the individual participating in the study.

- If you are an **adult participant** completing this form about yourself, please let us know about your interests and dislikes.
- If you are a **parent/caregiver** whose child is participating, please let us know about your child's interests.

INTEREST INVENTORY

FAVORITE PEOPLE

1. _____
2. _____
3. _____

FAVORITE TV SHOWS OR VIDEOS

1. _____
2. _____
3. _____

FAVORITE DIGITAL APPS

1. _____
2. _____
3. _____

AREAS of INTEREST/COLLECTIONS

1. _____
2. _____
3. _____

FAVORITE FOOD

1. _____
2. _____
3. _____

FAVORITE SPORTS/SPORTS TEAMS

1. _____
2. _____
3. _____

FAVORITE PLAY ACTIVITIES (even those that are perseverative and seem to be nonproductive)

1. _____
2. _____
3. _____
4. _____

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INTEREST INVENTORY CONTINUED

TOPICS TO AVOID (DISLIKES)

1. _____
2. _____
3. _____
4. _____

ACTIVITIES TO AVOID

1. _____
2. _____
3. _____

Are any aids used at school, work or other places (For example: picture schedules)?

Anything else we should know to make this visit successful?
